HEALTH BENEFITS CONTROL REGISTER For use of this form, see AR 37-105; the proponent agency is USAFAC.											
INSTALLATION							PAYROLL BLOCK NO.				
ADDRESS							PAYROLL PERIOD	FROM	ТО		
	BROUGHT	ADDI-	DELE-	TOTAL NO.		TOTAL NO.	RAT	ΓΕ	Т	TO BE COLLECTED	
CODE	FORWARD	TIONS	TIONS	ENROLLEES	LWOP	FOR WITH- HOLDING	EMPLOYEE .	AGENCY	EMPLOYEE .	AGENCY	TOTAL
а	b	С	d	e	f	g	h	i	j	k	l
TOTAL											